

Program Integrity

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What is Program Integrity?

- The proper management of Medicaid funding to ensure correct payments are made to legitimate providers for appropriate and reasonable services for eligible recipients
- Strong program integrity helps assure that Medicaid funds are channeled appropriately to those who are in need and are eligible for services
- Periodic review increases the quality of care



Many Methods, Same Goal

- Payment Error Rate Measurement (PERM)
- Surveillance and Utilization Review (SUR)
- Financial and Compliance Audit program
- Recovery Audit Contractors (RAC)
- Medicaid Integrity Contractors (MIC)
- Medicaid Fraud Control Unit (MFCU)



PERM Time Again?

- The Improper Payments Act of 2002 (IPIA) requires the Centers for Medicare & Medicaid Services (CMS) to estimate improper payments in all state Medicaid and State Children's Health Insurance Programs (Nevada Check Up)
- Every 3 Years PERM reviews consist of:
 - recipient eligibility
 - claims processing
 - medical record or service documentation

Surveillance and Utilization Review

- Statewide program to safeguard against unnecessary or inappropriate use of services
- Prevent excess payments in an efficient, economical and effective manner
- Analyze claims data to identify potential fraud, waste, over-utilization and abuse
- Collect provider overpayments and refer appropriate cases to the Medicaid Fraud Control Unit (MFCU) for criminal investigation and prosecution



How Does SUR Know Who to Look At?

- Public
- Providers
- Medicaid District Offices, Central Office or Fiscal Agent
- Data Mining
 - Spikes in payment
 - High use of specific codes
 - High-risk claims



What is SUR Looking for?

- Improper Payment
 - Overpayment/underpayment
 - Payments for ineligible recipients
 - Payments for ineligible, non-covered or unauthorized services
 - Duplicate payments
 - Payments for services that were not provided or received

Now What?

- Recovery of improper payments
- Issuance of educational letters
- Training from the fiscal agent
- Corrective action plans
- Suspension or termination
- Referral to the MFCU

Who's MFCU?

Medicaid Fraud Control Unit

If evidence of criminal intent (fraud) is found, the case may be referred for investigation by the MFCU. Examples:

- Falsification of provider records
- Billing for more recipient services than can be provided in one day
- Forgery of documents by providers
- Deliberately misrepresenting the type of service provided
- Paying recipients for the use of their Medicaid number

Contact Information

If you suspect that a provider is receiving improper payments, please contact the SUR unit.

Phone: (775) 687-8405

<https://dhcfp.nv.gov/NPIContactUs.asp>

Additionally, you can find press releases pertaining to Medicaid fraud at the following link:

<https://dhcfp.nv.gov/pressreleases.htm>



Questions?

